ATTORNEY DOCKET 86065PCW **UTILITY PATENT APPLICATION** Customer No. 01333 TRANSMITTAL UNDER 37 CFR 1.53(b) Express Mail Label No. Commissioner for Patents To: P.O. Box 1450 EV293510035US Alexandria, VA. 22313-1450 IMAGE SENSOR ARRAY WITH SUBSTITUTIONAL CIRCUIT DISTRIBUTION First Named Inventor (or Application Identifier): Herbert J. Erhardt, et al Enclosed are: Assignment of the invention to Specification Eastman Kodak Company Certified copy of a priority document. 7. Sheet(s) of drawing(s) 2. Associate Power of Attorney Information Disclosure Statement Under 37 CFR 1.97 3. Combined Declaration for Patent Application and Power of Attorney: 4. New X 4a. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed) 4b. Deletion of Inventor(s). Incorporation by Reference (useable if Box 4b is 5. Signed statement attached deleting inventor(s) named checked) The entire disclosure of the prior application, from in the prior application, see 37 CFR 1.63(d)(2) and which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying 1.33(b). application and is hereby incorporated by reference therein. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following: -- CROSS REFERENCE TO RELATED APPLICATION Reference is made to and priority claimed from U.S. Provisional Application Serial No., filed, entitled. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information: of prior application No: . Continuation-in-part (CIP) Divisional Continuation Please address all written communications to Thomas H. Close, Patent Legal Staff, 12. Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201. Please Direct all telephone calls to Peyton C. Watkins at 585-477-8282. The filing fee has been calculated as shown below: FEE RATE NO. FILED NO. EXTRA FOR: \$ 770 **BASIC FEE** x 18 =- 20 = -4 16 TOTAL CLAIMS \$0 x 86 =0 - 3 = INDEPENDENT CLAIMS \$0 + 290 MULTIPLE DEPENDENT CLAIM PRESENTED \$ 770 **TOTAL** Please charge my Eastman Kodak Company Deposit Account No. <u>05-0225</u> in the amount of \$ 770 A duplicate copy of this sheet is enclosed The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. <u>05-0225</u>. A duplicate copy of this sheet is enclosed.

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